

Subsidized Guardianship Review of Eligibility & Amendments to Payment PAW-TAW 2012



CONTACT:

Lisa Epple, eWiSACWIS

(608) 264-6837

Lisa.Epple@wisconsin.gov

Jonelle Brom, Out-of-Home Care Specialist

(608) 264-6933

Jonelle.Brom@wisconsin.gov

dcf.wisconsin.govgov



Subsidized Guardianship is Established, Now What?

Maintenance of SG Services

- Review of Eligibility

Ch. DCF 55.10 Admin. Rule

- Changes that Affect Eligibility
- Annual Review
- Eligibility After 18

- Amendments to Payment

Ch. DCF 55.08 Admin. Rule

- Requested by Guardian
 - Decision by Agency
 - If approved, Annual Review of Amended Amount



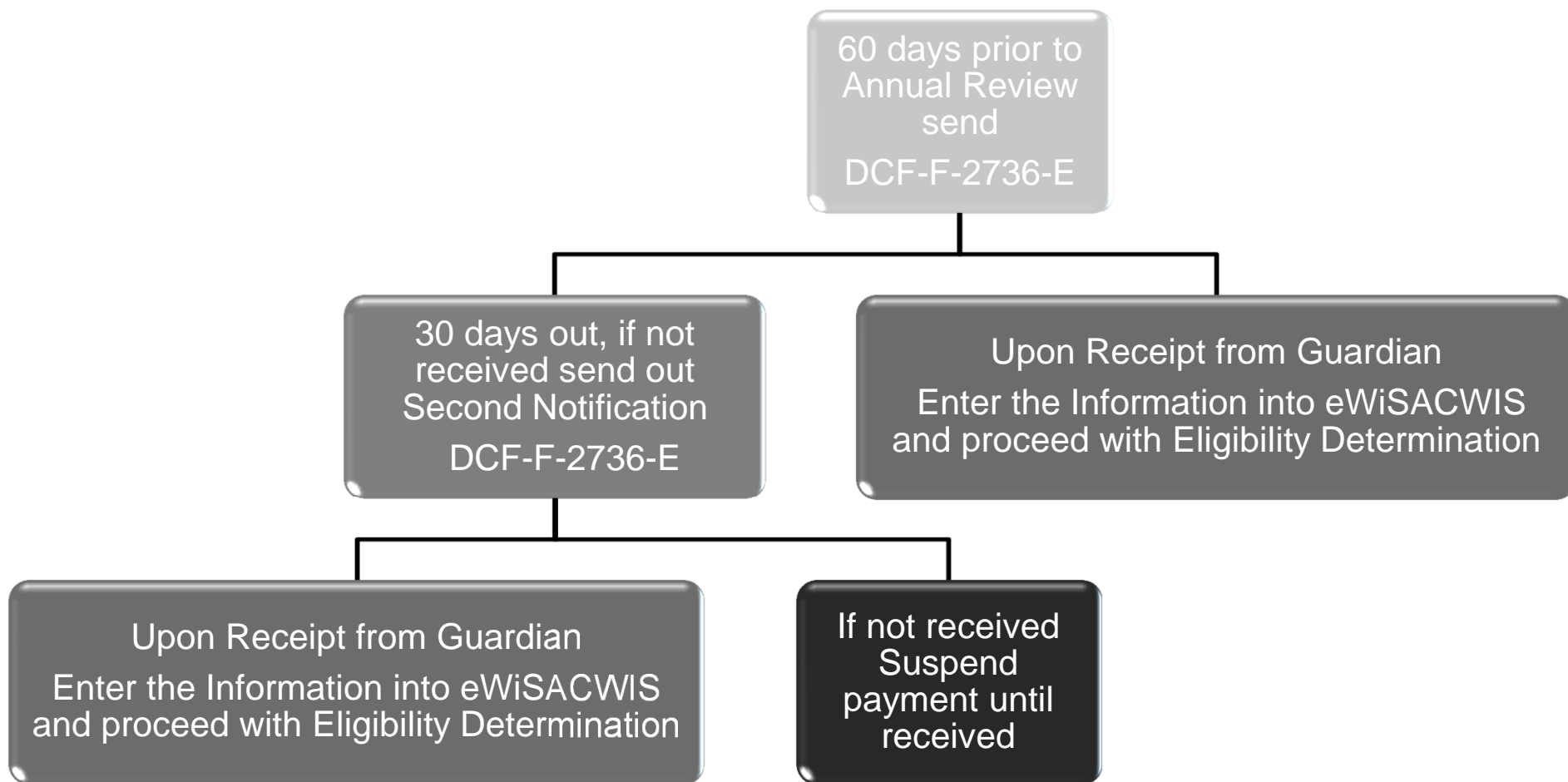
Changes that May Affect Eligibility

- There has been a change in the child's guardian.
- The child has entered the military.
- The child is married.
- The child is no longer living with the guardian.
- The child is deceased.
- The child has graduated, completed, or dropped out from a full-time, kindergarten to 12th grade educational program or its equivalent.
- The guardian is no longer supporting the child.
- The guardian's legal responsibility for the child has ended.
- The child has been placed outside the guardian's home at public expense.

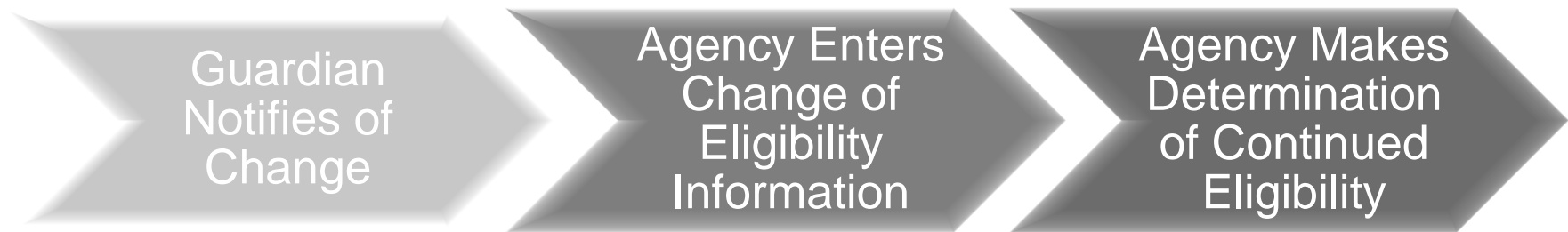
Review of Eligibility

- The annual review date that begins one year after the date the guardianship under s. 48.977, Stats., or under a substantially similar Wisconsin tribal law was ordered.
- Upon receipt of notification from the guardian of a change in circumstances.
- If the agency knows or suspects that a change has occurred.
- Beginning 6 months before the child's 18th birthday, to determine whether eligibility is expected to continue when the child turns 18 years old.

Annual Review



Guardian Notifies Change of Circumstance



Eligibility After Age 18

No change in eligibility AND the Child is:

- 18 years old and is enrolled full-time in high school or an equivalent educational program.
- 19 or 20 years old and all of the following apply:
 - The child is enrolled full-time in high school or an equivalent educational program.
 - The child has a physical, emotional, or behavioral need.
 - The social security administration has determined that the child is ineligible for Social Security disability insurance or Supplemental Security Income for not meeting the disability standard in 42 USC 423 (d) or 42 USC 1382c (a).
 - The agency determines that the child's physical, emotional, or behavioral need warrants the continuation of assistance under s. 48.623, Stats.

Eligibility After 18

6 Months Prior to Turning 18

DCF-F-CFS2421, Advance Notice of Termination of Subsidized Guardianship at Age 18

60 Days Out if the Agency Has Not Received Response, then
Send a Second Notice

DCF-F-CFS2421, Advance Notice of Termination of
Subsidized Guardianship at Age 18

Agency Receives a Response

Agency Receives a Response

Agency Does not
Receive a
Response

Makes Determination on Eligibility for
Continued Payment
DCF-F-CFS2420, *Notice of Decision on
Subsidized Guardianship Eligibility*

Makes a Determination on Eligibility for Continued
Payment

DCF-F-CFS2420, *Notice of Decision on
Subsidized Guardianship Eligibility*

Payment for the Month
of the Child's 18th
Birthday will be the last

Eligible:
Continue Payment

Ineligible:
Payment for the Month
of the Child's 18th
Birthday will be the Last

Eligible:
Continue Payment

Ineligible:
Payment for the Month
of the Child's 18th
Birthday will be the Last

Determination of Continued Eligibility

Based on information received, an agency shall do one of the following:


- Continue the payments.
- Make the last payment the month that the child turns 18 years old based on the review.
- Suspend payments for any of the following reasons:
 - The agency did not receive the completed annual review questionnaire from the guardian on or before the annual review date. If the agency receives the completed annual review questionnaire from the guardian after the review date and none of the changes affecting eligibility have occurred, the agency shall reinstate payments effective the date that the agency receives the completed questionnaire.
 - The child is temporarily placed outside the guardian's home at public expense.
 - The child is temporarily not being supported by the guardian.
- Terminate payments and other provisions in the subsidized guardianship agreement based on any of the following:
 - A change of circumstance has occurred and the guardian is no longer responsible for the child..
 - The guardian requests in writing that the subsidized guardianship agreement be terminated.




Documentation

- A tickler is generated to indicate when you need to send out the Subsidized Guardianship Request for Information to Determine Continued Eligibility.

Ticklers

My Ticklers

 Zoo, Lulu (9222763) 06/02/2012

-  SubsidizGuardianship 1st Request - Continued Eligibility(9225974) 06/02/2012 -- Due 11 days ago
-  SubsidizGuardianship 2nd Request - Continued Eligibility(9225974) 06/15/2012 -- Due in 2 days
-  SubsidizGuardianship Annual SG Eligibility Determination(9225974) 07/15/2012 -- Due in 32 days

Child Information

Child Name: Zoo, Lulu (9225974)

DOB: 01/01/2005

Age: 7

Eligibility History

Notices and Decisions Template History

SG Eligibility Notices and Decisions Template History

Document Name	Created	Decision	Printed	Not Printed
<u>1st SG Request for Information to Determine Continued Eligibility</u>	06/13/2012	n/a	<input type="text" value="00/00/0000"/>	
<u>2nd SG Request for Information to Determine Continued Eligibility</u>	06/13/2012	n/a	<input type="text" value="00/00/0000"/>	


Insert

☐ View Not Approved/Made in Error

Save

Close

Done

 Trusted sites | Protected Mode: Off 100%



Child Information

Child Name: Zoo, Lulu (9225974)

DOB: 01/01/2005

Age: 7

Type of Determination: Annual Review

Effective Date: 06/12/2012

Eligibility Status: Pending

Annual Review

Question 1:

☐ Yes ☒ No Has the family's address changed? If yes, indicate the date of the change.

Question 2:

☐ Yes ☒ No Has there been a change in the child's guardian? If yes, indicate the date of the change.

Question 3:

☐ Yes ☒ No Has the guardian stopped supporting the child or has legal responsibility for the child ended? If yes, indicate the date of the change.

Question 4:

☐ Yes ☒ No Has the child graduated, completed, or dropped out from a full-time K-12 educational program or its equivalent? If yes, indicate the date of the change.

Question 5:

☐ Yes ☒ No Has the child been removed from the care of the guardian(s) and placed into out-of-home care? If yes, indicate the date of the change.

Question 6:

☐ Yes ☒ No Has there been a change in health insurance benefits? If yes, indicate the date of the change.



Appeals Override Determination

Options:



Save

Close



Child Information

Child Name: Zoo, Lulu (9225974)

DOB: 01/01/2005

Age: 7

Eligibility History

Notices and Decisions Template History

History

Date	Type	Eligibility Status	Override Decision	Decision Date	
02/01/2008	Initial	Eligible			View
06/12/2012	Annual Review	Continue Payment			View



Insert

☐ View Not Approved/Made in Error

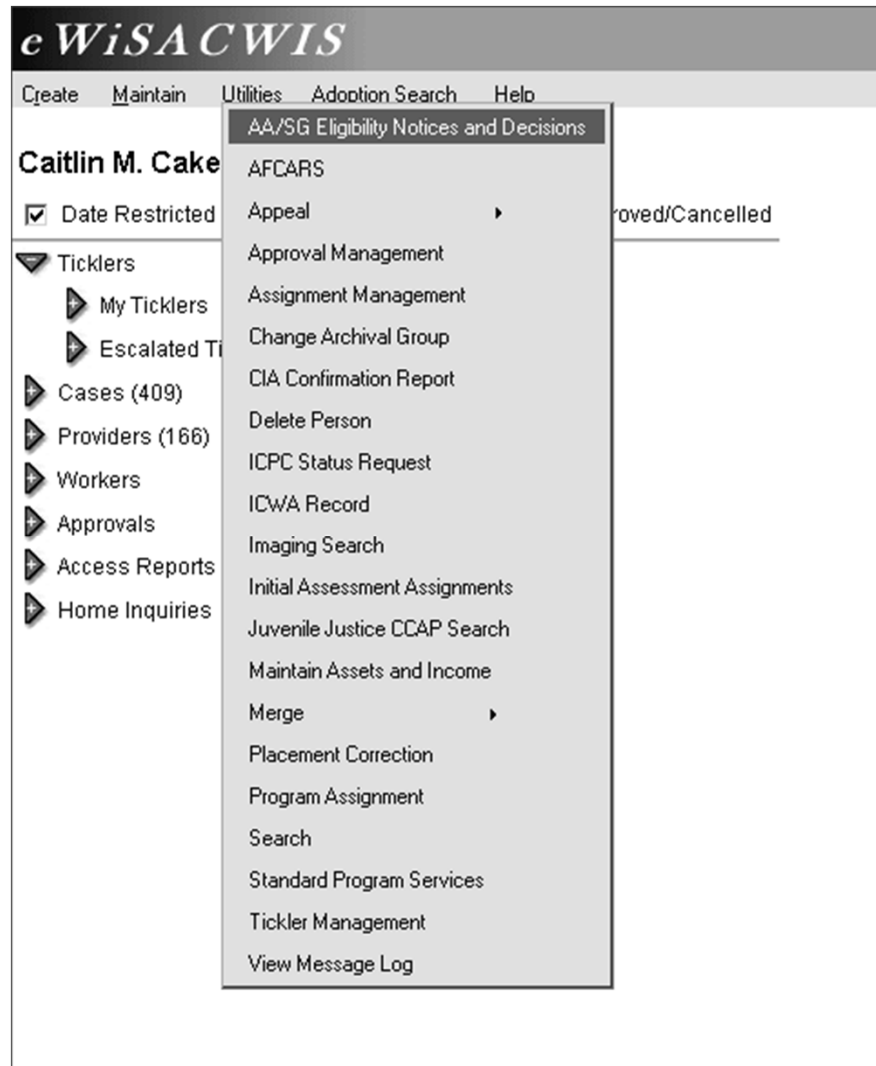
Save

Close

Done

 Trusted sites | Protected Mode: Off 100%

Notices & Decisions



Document Name: Advance Notice of Termination of Subsidized Guardianship At Age 18

County: Milwaukee

Create Template



<input type="checkbox"/> Select All	Split Payment	Payee Name	Child Name ▲	Turns 18	Graduation Date	Case ID	Decision	
<input type="checkbox"/>		Nancy Gaston	Collie, Cal	07/01/2009	08/31/2009	9222622	n/a - R	Delete
<input type="checkbox"/>		Nancy Gaston	Collie, Cali	07/25/2009	08/02/2010	9222590	n/a	Delete
<input type="checkbox"/>		Nancy Gaston	Collie, Holly	07/05/2009	08/01/2010	9222631	n/a - R	Delete

Print

Save

Close

Done

 Local intranet | Protected Mode: Off 100%

File eWISACWIS

Print Cut Copy Paste Zoom Spell Check Copy From Bookmarks Close and Return to eWISACWIS

ADVANCE NOTICE OF TERMINATION OF SUBSIDIZED GUARDIANSHIP AT AGE 18

Use of form: This form is voluntary and is used to collect high school information for the purpose of determining continued eligibility for Subsidized Guardianship after a child turns 18 years of age. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

IN ORDER TO DETERMINE IF YOUR CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP AFTER AGE 18, COMPLETE AND RETURN THIS FORM BY DUE DATE: 03/14/2012

Provide Guardian's Names and Address Below:

Today's Date: 06/21/2011

Child Information

Name: Collie, Cal

Birthdate: 07/01/1991

18th Birthdate: 07/01/2009

Case ID Number: 9222622

NANCY GASTON
1245 RIVER ROAD
MADISON WI 53701

Mail or fax form to: Subsidized Guardianship Accountant, MILWAUKEE CTY. DEPT. OF HEALTH & HUMAN SERVICES, 1220 W. Vliet Street, Milwaukee, WI 53205.
Fax Number: (414) 289-6844 Telephone Number: (414) 289-6897

Name of high school your child attends: _____
 Date of expected graduation from high school: _____ (mm/yyyy)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will your child be in a full-time high school / GED program after age 18?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be supporting your child after age 18?
<input type="checkbox"/>	<input type="checkbox"/>	Is your child married? If "Yes", date of marriage: _____ (mm/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	Has your child entered the military? Date of military enlistment: _____ (mm/dd/yyyy)

WHAT ARE THE REQUIREMENTS FOR A CHILD TO QUALIFY FOR SUBSIDIZED GUARDIANSHIP AFTER AGE 18?

Your child must meet **ALL** of the following conditions to be eligible for Subsidized Guardianship (payment and Medical Assistance) after age 18:

1. Your child is attending high school or a GED program full-time after age 18.
2. You are supporting your child.
3. Your child is not married.
4. Your child is not in the military.

Subsidized Guardianship benefits (payment and Medical Assistance) will continue until the month of high school graduation or age 19, whichever comes first. **You will receive a notice of the decision on your child's eligibility for Subsidized Guardianship within 30 days from the date you return this form. If you do not receive this notice within 30 days, call (414) 289-6897.**

REASONS YOUR CHILD MAY NOT BE ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP AFTER AGE 18:

Amendments

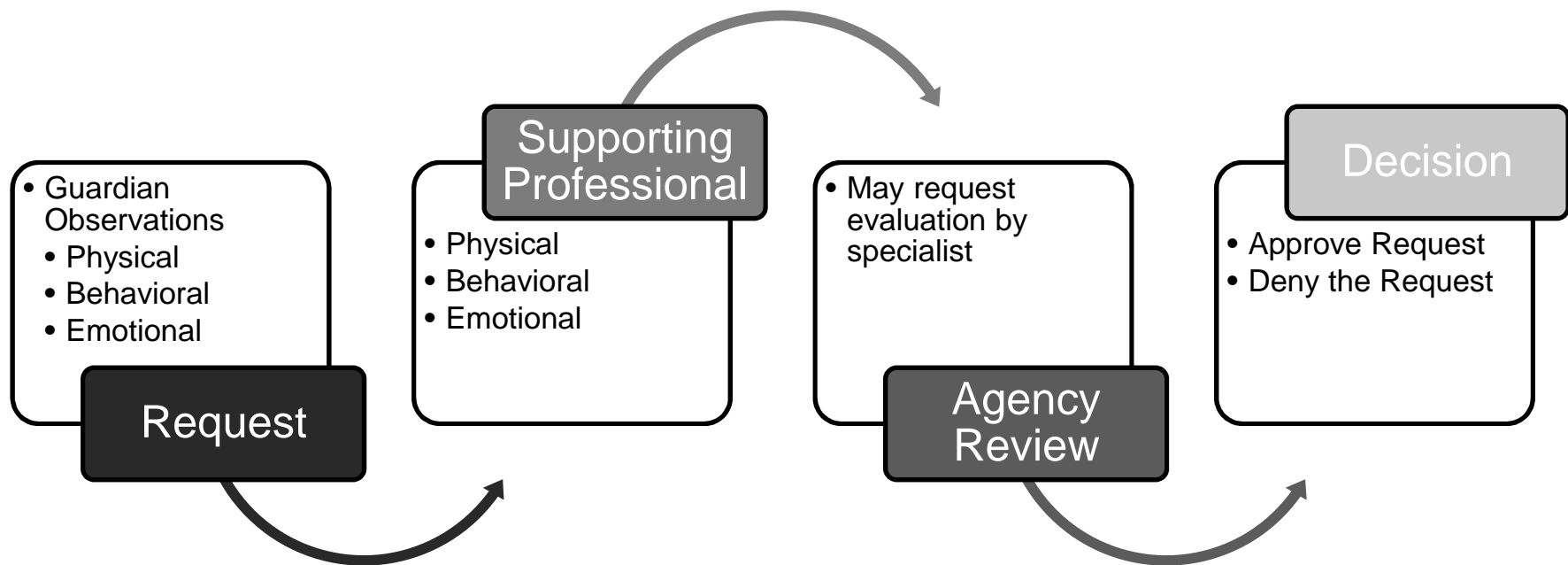
- May be adjusted periodically based on the circumstances of the guardian and the needs of the child.
 - Child Needs refer to Behavioral, Emotional, or Physical Needs using the CANS tool.
- Guardians who were previously licensed as Level 1 providers are not eligible for adjustment to payments.
- Only the Supplemental portion of the rate may be adjusted.

Timeframe of Amendments

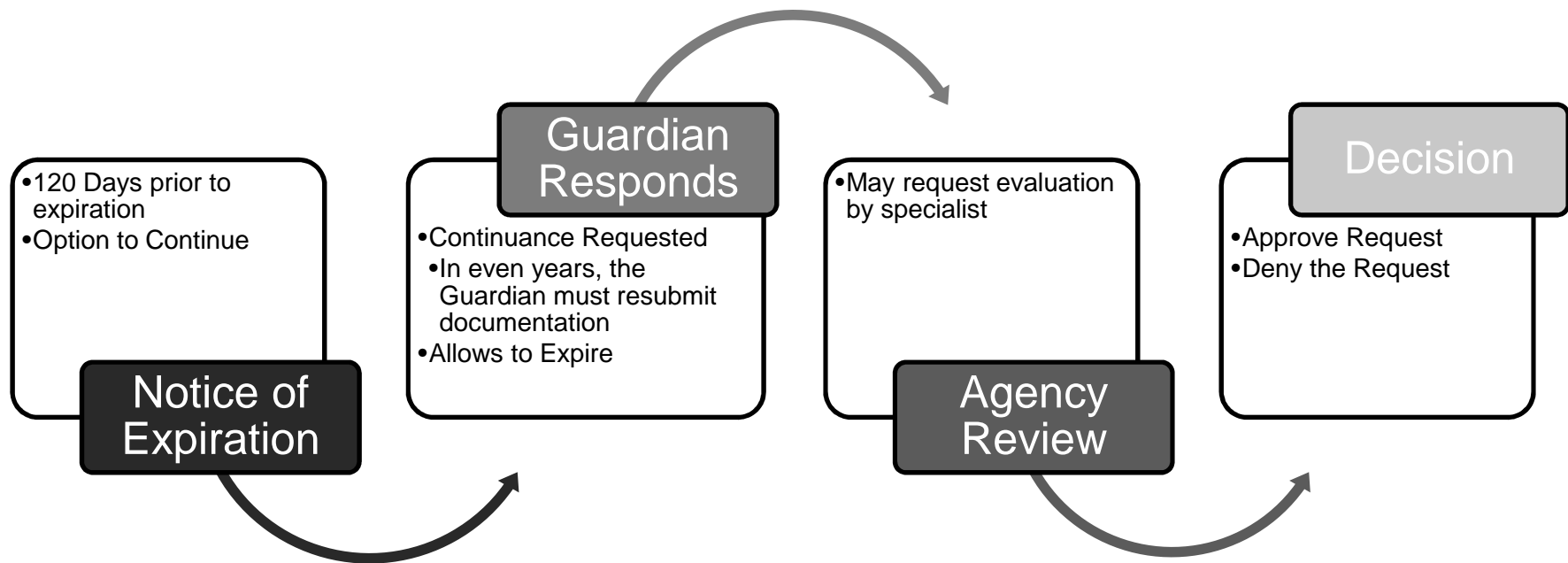
Not less than 12 months after any of the following occurred:

- The guardianship was established.
- A previous request for an amendment to the subsidized guardianship agreement was denied.
- Within 120 days before the expiration date of an amendment to the subsidized guardianship agreement.

Process of Amendments



Review of Amendments



Basic

Case: Zoo, Lulu (9222763)

Person: Zoo, Lulu (9225974)

DOB: 01/01/2005

Age: 7

Amended Agreement Details

Confirmation of Needs CANS

Documentation

Type	Date Sent/Received	Image/Document	
<input type="text"/>			Delete

Insert

Child Abuse and Neglect Background Check(s)

Location	Requested/Completed	Received	Substantiation(s)	Image	
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Insert

Subsidized Guardianship Agreement Information

Date of Agreement: 02/01/2008

Basic Amount:



\$0.00

Options: 

Save

Close

Done

 Trusted sites | Protected Mode: Off 100%

SG Amended Agreement - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Case: Zoo, Lulu (9222763) Person: Zoo, Lulu (9225974) DOB: 01/01/2005 Age: 7

Amended Agreement Details Confirmation of Needs CANS

Documentation

Type	Date Sent/Received	Image/Document	
Amended Agreement Request Received	02/01/2012	Edit	Delete Imaging Search
Request for Documentation Sent		Text	Delete

Insert

Child Abuse and Neglect Background Check(s)

Location	Requested/Completed	Received	Substantiation(s)	Image
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Insert

Subsidized Guardianship Agreement Information

Date of Agreement: 02/01/2008 Basic Amount: \$0.00

Options: Go

Save Close

Done Trusted sites | Protected Mode: Off 100%

Imaging Search -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Search Criteria

Search by: Case Name: Explorer, Son (9222032) Start Date: 06/21/2011 End Date: 06/20/2012

Category: Amended Agreement Type: Amended Agreement Request Received Participants: Explorer, Father (Father)
Assets and Income
Education
ICWA
Independent Living
Legal Document
Background Check
BadgerCare+/MedicaidHealthIns (F-10115)
Exhibits
Guardianship Order
Initial Court Order
Explorer, Mother (Mother)
Explorer, Son (Reference Person)

Hold down the 'Ctrl' key for multi-selection Search

Results

Category	Type	Participant	Date	File Name	
<input type="radio"/> Amended Agreement	Amended Agreement Request Received	Explorer, Son	05/01/2012	SG Amended Agreement.doc	Edit

Record 1 to 1 of 1 Create Continue Close

Select existing image, or

Create new

Basic

Case: Zoo, Lulu (9222763)Person: Zoo, Lulu (9225974)

DOB: 01/01/2005

Age: 7

Amended Agreement Details

Confirmation of Needs CANS

Documentation

Type	Date Sent/Received	Image/Document	
Amended Agreement Request Received	02/01/2012	Edit	Delete Imaging Search
Request for Documentation Sent	09/26/2012	Text	Delete

Insert

Child Abuse and Neglect Background Check(s)

Location	Requested/Completed	Received	Substantiation(s)	Image	
eWiSACWIS	00/00/0000	00/00/0000	Pending (default)	N/A	Delete
Green	00/00/0000	00/00/0000	Pending (default)		Delete Imaging Search

Insert

Subsidized Guardianship Agreement Information



Date of Agreement: 02/01/2008

Basic Amount:

\$0.00

Options:

Done

 Trusted sites | Protected Mode: Off 100%

Forms -- Webpage Dialog

eWISACWIS TM Print Spell Check Help

General Information

Case: Zoo, Lulu

Category: Amended Agreement

Document: Request for Additional Information for Amendment for Subsidized Guardianship

Options: Go Save Close

Text

Request for Additional Information for Amendment for Subsidized Guardianship

9233377.0.rtf [Compatibility Mode] - Microsoft Word

File eWISACWIS

Print Cut Copy Paste Zoom Spell Check Copy From Close and Return to eWISACWIS

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Request for Additional Information for Amendment for Subsidized Guardianship

Today's Date 08/21/2012	Name - Agency [Redacted]	
Name - Child (Last, First, MI) Zoo, Lulu		Birthdate - Child 01/01/2005
Name - Guardian (Last, First, MI) Zoo, Grandma		
Name - Guardian (Last, First, MI) [Redacted]	Telephone Number (Home) [Redacted]	Telephone Number (Work) (608)964-5588
Address - (Street, City, State, Zip Code) 35 First Street, Monroe, WI 53566		

Based on the information you provided in your Subsidized Guardianship Amendment Request, it appears that there has been a substantial change in the needs of your child since the time of establishment of guardianship. However, we will need additional information regarding your child's [Redacted] needs in order for us to consider your request further. The form(s) cannot be completed by a guardian, but must be completed by a non-related professional who works with your child.

The enclosed form(s) must be given to an appropriate professional (physician, therapist, psychiatrist, teacher, etc.) for review and completion. Please ask that the professional check the boxes that he or she is confirming, sign, date, and indicate his or her relationship to the child.

Upon receipt in our office, your request will be considered. **If the requested information is not returned to this office by [Redacted], your request for an amendment may be denied.**

SG Amended Agreement - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help





Basic

Case: Zoo, Lulu (9222763) Person: Zoo, Lulu (9225974) DOB: 01/01/2005 Age: 7

Amended Agreement Details Confirmation of Needs CANS

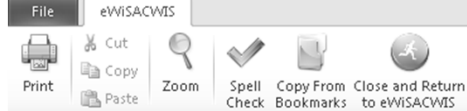
0 = no evidence 1 = mild 2 = moderate 3 = severe [Manuals and Glossary of Terms](#)

Emotional

			Original Agreement	Previous Amended Agreement
Adjustment to Trauma	0. <input type="radio"/> 1. <input checked="" type="radio"/> 2. <input type="radio"/> 3. <input type="radio"/>	Details	1	N/A
 Notes				
Traumatic Grief/Separation	0. <input type="radio"/> 1. <input type="radio"/> 2. <input checked="" type="radio"/> 3. <input type="radio"/>	Details	2	N/A
 Notes				
Intrusions	0. <input type="radio"/> 1. <input checked="" type="radio"/> 2. <input type="radio"/> 3. <input type="radio"/>	Details	1	N/A
 Notes				
Attachment	0. <input type="radio"/> 1. <input checked="" type="radio"/> 2. <input type="radio"/> 3. <input type="radio"/>	Details	1	N/A
				

Options:

Done 100%



Child and Adolescent Needs and Strengths (CANS) 5-17 Amendment Confirmation of Needs Subsidized Guardianship

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Child / Youth <u>Zoo, Lulu</u>		DOB <u>01/01/2005</u>
Effective Date <u> </u>	Age at Time of Assessment <u>7</u>	Name – Guardian <u>Zoo, Grandma</u>

EMOTIONAL	0	1	2	3
Adjustment to Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Grief/ Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intrusions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating Disturbance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral Regression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affect Dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suicide Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Self Harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PHYSICAL	0	1	2	3
Developmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Self-Care Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Life Threat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chronicity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Diagnostic Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Emotional Response	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Impairment in Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Treatment Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Intensity of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Organizational Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Daily Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL	0	1	2	3
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Functioning - Peer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning - Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relationships with Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impulsive / Hyperactivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SG Amended Agreement - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Case: Zoo, Lulu (9222763) Person: Zoo, Lulu (9225974) DOB: 01/01/2005 Age: 7

Amended Agreement Details Confirmation of Needs CANS

Decision

Decision: Approved Decision Reason: Approved for Services

Comments:

More... Less... Default

Appeals Override Decision

New Effective Date: 00/00/0000 Override Reason: Amount: \$0.00

Comments:

Hearing Documentation

Type	Date Sent/Received	Image/Document
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Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

Outliner View

 Zoo, Lulu (9222763) Actions

Subsidized Guardianship 01/15/2008 Green, Supervisor Green - Monroe 1 Main St , Madison, WI 53701

 Agreements and Notices

 Images (3)

 Subsidized Guardianship Agreement - \$1177.50

02/01/2008 Zoo, Lulu

 SG Amended Agreement - \$1665.50

05/01/2012 Zoo, Lulu Approved

 Assets and Income

 Assignment

 Eligibility

 ICWA

 Legal

 Planning

 Related People

 Services

-



SG Amended Agreement - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Case: Zoo, Lulu (9222763) Person: Zoo, Lulu (9225974) DOB: 01/01/2005 Age: 7

Amended Agreement Details Confirmation of Needs CANS

Appeals Override Decision

New Effective Date: 05/01/2012 Override Reason: Approval Rate Overridden Amount: \$2,000.00

Comments:

Hearing Documentation

Type	Date Sent/Received	Image/Document	
Notice of Approval and Amended Agreement Sent		Text	Delete

Insert

Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

Resources

- s. 48.623 Wis. Stats.
- Ch. DCF 55 Subsidized Guardianship Admin. Rule –
Emergency Rule:
https://docs.legis.wisconsin.gov/code/emergency_rules/current/emr1212
- DCF Website for Statewide Subsidized
Guardianship:
http://dcf.wisconsin.gov/children/statewide_subsidized_guardianship/default.htm



Questions ?